

Application for Commercial Driver's License and/or Endorsements

(Must change address within 20 days)



Name _____
LAST FIRST MIDDLE

WV License # _____

Former Names _____
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Gender _____ Birthdate _____

Residence Address _____

Weight _____ Height _____ Eye Color _____

Mailing Address _____
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

SSN _____
REQUIRED BY FEDERAL LAW -- DOES NOT APPEAR ON LICENSE / ID

City, State, ZIP code _____

Daytime Phone Number _____

Has your address changed since last license / ID issuance? yes ☐ no ☐

Are you a United States citizen? yes ☐ no ☐

Alien Registration # _____

DOT MEDICAL CERTIFICATE (long form physical) is required for each transaction for a **Commercial Drivers License**. (Valid for not less than 30 days)

To apply for a CDL test card: the required fees must be mailed to the address above with this application. Please complete both sides of the application in full.

Test Card Applicants: Total the dollar amount of test(s) requested plus an additional \$5.00 for the instruction permit.

SOCIAL SECURITY NUMBER: If this is your first time applying for a Commercial Driver's License, you must provide the Division of Motor Vehicles with an original copy of your Social Security Card to verify the number.

SKILLS TEST: must be conducted in type of vehicle you expect to operate or the license cannot be issued. Applicants must supply vehicle for skills test. (Road skills test fee is payable to the third party examiner at the time of testing.)

EFFECTIVE JULY 1, 2010 THE LICENSE FEE FOR ORIGINAL APPLICANTS WILL BE COLLECTED UPON ISSUANCE OF THE COMMERCIAL DRIVERS LICENSE.

COMMERCIAL DRIVERS LICENSE FEE: Licenses are issued by the date of birth; the fee can range between \$26.25 and \$61.25 depending on the number of years issued.

CLASS "D" LICENSE FEE: Licenses are issued by the date of birth; the license fee can range between \$19.25 and \$44.25 depending on the number of years issued.

TYPE OF CDL / ENDORSEMENTS APPLICANT WISHES TO OBTAIN

<input type="checkbox"/> \$25 Knowledge Testing Air Brakes Combination	<input type="checkbox"/> \$5 Duplicate License	<input type="checkbox"/> Add Endorsement
<input type="checkbox"/> \$10 Tank Vehicle	<input type="checkbox"/> Class A	<input type="checkbox"/> License Update
<input type="checkbox"/> \$10 Double / Triple	<input type="checkbox"/> Class B	<input type="checkbox"/> Instruction Permit
<input type="checkbox"/> \$10 Hazardous Materials	<input type="checkbox"/> Class C	<input type="checkbox"/> Transfer
<input type="checkbox"/> \$10 Passenger	<input type="checkbox"/> Class D	<input type="checkbox"/> Renewal
<input type="checkbox"/> \$10 School Bus		<input type="checkbox"/> Original Application

If adding an endorsement to current CDL, add duplicate license photo fee to total.

All renewals, transfers and new applicants applying for a Hazardous material endorsement will be required to submit to a fingerprint and background check. This must be done thirty (30) days before expiration of your license. Call the Transportation Security Administration (TSA) at 1-(877) 429-7746 to start the Fingerprint and Background check process. This must be done before you can test for the hazardous materials endorsement.

Any CDL that has been suspended, revoked or disqualified for three (3) years or more must retest on the knowledge and skills exam to be reissued their CDL.

ALL QUESTIONS ARE MANDATORY

Do you wish to register to vote? yes ☐ no ☐

Do you wish to register for Selective Service? yes ☐ no ☐
Men ages 16-26 only

Do you wish to be designated on your license as an organ donor? *By checking yes, I agree that the DMV may furnish my personal information to organ donation groups.* yes ☐ no ☐

Do you wish to be designated on your license as diabetic or deaf and hard of hearing? yes ☐ no ☐
If so, a physician (for diabetics) or licensed audiologist (for the deaf and hard of hearing) must certify your condition by completing the endorsement box section.

MEDICAL REQUIREMENTS (You must answer YES to one of the following)

I certify I meet the DOT medical qualifications requirements for a DOT Medical Certificate contained in Part 391 of the Federal Motor Carrier Safety Regulations. yes ☐ no ☐

I certify that I am not subject to meet the medical qualifications requirements for a DOT Medical Certificate contained in part 391 and provide written documentation from my employer to substantiate. yes ☐ no ☐
(employed by either City, County, State or Federal Government)

CHILD SUPPORT LAW COMPLIANCE

Do you owe a child support obligation? yes ☐ no ☐

Do you owe a child support obligation that is more than 6 months in arrears? yes ☐ no ☐

Are you the subject of a child support-related warrant, subpoena or court order? yes ☐ no ☐

I hereby certify, under penalty of false swearing, that all my answers to the above questions are true.

APPLICANTS INITIALS

Have you ever had a license issued by any other jurisdiction or state in the past 10 years?
List any issuing jurisdictions or states and numbers below: yes ☐ no ☐

CONCERNING MEDICAL WAIVERS

If you wish to operate a commercial motor vehicle (interstate commerce) in all 50 states, you must apply for a medical waiver with the Federal Motor Carrier Safety Administration. Call (304) 347-5935 for further information.

IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING, YOU MUST SO INDICATE, AND SUBMIT A LETTER OF EXPLANATION:

- yes no
- ☐ ☐ Any seizures or loss of consciousness
- ☐ ☐ Emotional or mental illness
- ☐ ☐ Alcohol or drug problems
- ☐ ☐ Any physical condition requiring special equipment to drive
- ☐ ☐ Visual/medical condition(s) affecting ability to drive safely
- ☐ ☐ License suspension/revocation in any jurisdiction or State *(Including Pending)*
- ☐ ☐ Refusal by any jurisdiction to issue a driver's license
- ☐ ☐ Diabetes requiring insulin or medication

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

I certify that the applicant named here in is ☐diabetic ☐deaf ☐hard of hearing.

SIGNATURE (PHYSICIAN FOR DIABETIC OR AUDIOLOGIST FOR HARD OF HEARING/DEAF)

MEDICAL LICENSE NUMBER

STATE

ADDRESS LINE 1

ADDRESS LINE 2

OFFICE TELEPHONE NUMBER

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. Men ages 18-26 only: By submitting this application and answering "yes" to the relevant questions, I am consenting to release of my personal information to the Selective Service System for draft registration, as required by Federal law. **Any false statement may result in cancellation or suspension of my license.**

SIGNATURE: DATE: